

PART B - FEE(S) TRANSMITTAL

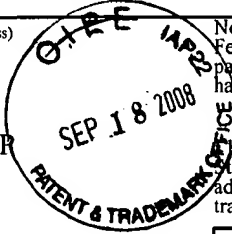
Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
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 or **Fax (571)-273-2885**

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21874 7590 08/21/2008

EDWARDS ANGELL PALMER & DODGE LLP
P.O. BOX 55874
BOSTON, MA 02205



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Alma J. Woodberry	(Depositor's name)
<i>Alma J. Woodberry</i>	(Signature)
9/18/08	(Date)

09/22/2008 HVUONG2 00000019 041105 09869098

01 FC:1501 1440.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/869,098	09/20/2001	Yukio Toyoda	46342/56000	9857

TITLE OF INVENTION: UCP-2 PROMOTER AND USE THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	11/21/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAUSHAL, SUMESH	1633	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

David G. Conlin
Kathryn A. Piffat, Ph.D.
EDWARDS ANGELL
PALMER & DODGE LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **TAKEDA PHARMACEUTICAL COMPANY LIMITED**
 (B) RESIDENCE: (CITY AND STATE OR COUNTRY) **OSAKA, JAPAN**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **04-1105** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature: *Kathryn A. Piffat, Ph.D.*
 Typed or printed name: **Kathryn A. Piffat, Ph.D., Esq.**

Date: **September 18, 2008**
 Registration No.: **34,901**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Application No. (if known): 09/869,098 – Conf. #9857

Attorney Docket No.: 56000(46342)

Certificate of Express Mailing Under 37 CFR 1.10

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Alexandria, VA 22313-1450

on September 18, 2008
Date



Signature

Alma J. Woodberry

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 239-0100
Telephone Number

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Transmittal (1 page)
Fee Transmittal (1 page)
Part B - Fee Transmittal Form PTOL-85 (IN DUPLICATE) (1 page)
Return Receipt Postcard



PTO/SB/21 (08-08)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/869,098-Conf. #9857
	Filing Date	September 20, 2001
	First Named Inventor	Yukio Toyoda
	Art Unit	1633
	Examiner Name	Sumesh Kaushal
Total Number of Pages in This Submission	Attorney Docket Number	56000(46342)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mailing (1 page) Part B - Fee Transmittal Form PTOL-85 (IN DUPLICATE) (1 page) Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Kathryn A. Piffat, Ph.D., Esq.		
Date	September 18, 2008	Reg. No.	34,901

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Dated: September 18, 2008

Signature:

(Kathryn A. Piffat, Ph.D., Esq.)



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
		Application Number	09/869,098-Conf. #9857
		Filing Date	September 20, 2001
		First Named Inventor	Yukio Toyoda
		Examiner Name	Sumesh Kaushal
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1633
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	56000(46342)
(\$)		1,440.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
1 - 20 =		x	=		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
2 - 3 =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/50 =	(round up to a whole number) x		=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1501 Utility issue fee						1,440.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	34,901
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.	Telephone	(617) 517-5516
		Date	September 18, 2008

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Dated: September 18, 2008	Signature: (Kathryn A. Piffat, Ph.D., Esq.)

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Alma J. Woodberry

(Depositor's name)

(Signature)

(Date)

9/18/08

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EXAMINER	ART UNIT	CLASS-SUBCLASS
KAUSHAL, SUMESH	1633	435-006000

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David G. Conlin

Kathryn A. Piffat, Ph.D.

EDWARDS ANGELL

PALMER & DODGE LLP

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(A) NAME OF ASSIGNEE
 TAKEDA PHARMACEUTICAL COMPANY LIMITED

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)
 OSAKA, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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Authorized Signature

Kathryn A. Piffat, Ph.D.

Date September 18, 2008

Typed or printed name Kathryn A. Piffat, Ph.D., Esq.

Registration No. 34,901

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